FDI strategy must address oral diseases

“The quest for prevention and control of NCDs would not be complete without addressing oral diseases,” FDI told the WHO Executive Board, meeting in Geneva from 16 to 20 January 2012.

In an intervention on 19 January, FDI called upon WHO to take four specific actions regarding oral health and NCDs first, to ensure that oral diseases are incorporated into NCD programmes and included in national health planning, and second, to include oral diseases at the same level as the four main NCDs in the Global NCD Monitoring framework, its indicators and targets.

FDI’s third recommended action is to add a target related to reducing days at school or work missed due to oral diseases, which would also address wider determinants of health and general development. Finally, it called upon WHO to develop and agree a set of optional and more comprehensive oral health targets and indicators for which global oral health community can make precise proposals.

FDI strategy

FDI’s intervention at WHO follows its successful bid along with the sustained efforts of a number of other governmental and non-governmental stakeholders, to have oral diseases specifically referred to in the Political Declaration on the Prevention and Control of NCDs agreed at the United Nations Summit in September 2011.

The Declaration’s Article 19 notes recognises that “renal, oral and eye diseases pose a major health burden for many countries and that these diseases share common risk factors and can benefit from common responses to non-communicable diseases.”

Monitoring

Since that time, FDI has intensified its contacts with WHO and attended key events such as the World Conference on Social Determinants of Health held in Rio de Janeiro from 19 to 22 October. Further, FDI attended an informal dialogue with NGOs last December as part of the preparatory process for the January consultation. There, FDI emphasised the need for oral health indicators, with the need to identify targets for children.

Later, on 21 December 2011, Drda Silva and Executive Director Dr Jean-Luc Eeckhaut met with key WHO executives to discuss the sustainability of the WHO oral health programme in the light of a 20% cutback in WHO, which, Dr da Silva conceded might indeed have an impact on the oral health budget. He emphasised, nonetheless, that “it’s up to FDI, not WHO, to develop and formulate the oral health message! It’s FDI’s role to influence the WHO’s agenda on the topics that we feel are crucial.”

Its presence and statement at the January WHO Executive Board meeting and example targets and indicators very much reflects FDI’s intention of doing so.

Post-UN Summit

In its resolution (ES156.R7) issued following the Executive Board Meeting, WHO urged Member States to implement the UN Political Declaration and draw upon the policies, strategies, programmes and interventions, and tools recommended by WHO.

Further, WHO urged Member States to strengthen their commitment to implementing noncommunicable disease programmes and participate fully in the WHO-led process of developing a comprehensive, global monitoring framework, including a set of indicators.

Key requests

The resolution, co-sponsored by Australia, Brazil, Costa Rica, Kenya, Norway, Russia, Switzerland and the US, was introduced by WHO with a clear timeline for the actions required of it by the Political Declaration. Its calls for action include a request to WHO Director-General Dr Margaret Chan to submit a substantive progress report, including a set of indicators and targets, to the sixty-fifth World Health Assembly in May 2012 and complete the work on the global monitoring framework, including a set of targets and indicators, based on a Member State consultation held before the end of 2012.

The current Global Action Plan on NCDs expires next year. The next will run from 2013 to 2020 and it is imperative for WHO to have a draft ready for consideration by the WHO Executive Board at its January 2015 meeting.

“Other medical professions should focus on good oral health too”

Prof Prarthip Phantumvanit, member of the World Dental Development and Health Promotion Committee, talks about dentistry in Thailand and gives his views on the dental profession, public health and NCD prevention.

Are people in Thailand conscious of oral health?

Prof Prarthip: Over-all, oral health among adults is quite good, even when compared with some western countries. However, it is not so good among young children and you can see quite a lot of caries. Periodontal disease is a serious problem, but proportionately not very high among the population in general.

People do focus on the aesthetic aspect—for example, you see a lot of people wearing dental braces—and are more and more concerned about having good teeth and good oral hygiene.

Can you comment on Thailand’s current success as an exporter of dental services?

We are very interested in exporting medical services—costs of dental services are not high in Thailand and the work is of very high quality. A lot of people travel to Thailand for health care, some for general health, others for oral health.

How far is the dental profession integrated with Thailand’s public health sector?

Dentists in Thailand work in both the public and private sectors, with about 50 to 60 per cent—in some countries, that figure is as low as 10 to 20 per cent—working in public health, either as health officials or in public hospitals and clinics. They are quite used to developing and delivering public information messages.

The remainder—about 40 to 50 per cent—are in private practice or in a private hospital or clinic and have less of an interest in public health in general and in communicating with the general public.

What should be the role of dentists in public health and NCD prevention?

In my view, it’s very good for dentists to be an integral part of public health and patient referral. But what about the other professional? A recent study in Scotland, described in the British Dental Journal, carried out among 10,000 people found a link between tooth brushing and incidence of heart disease—not a strong link, but evidence at least.

What can the other health professions do?

There needs to be a strong message from other medical professionals that oral hygiene is good for the rest of the body. Of course dentists should look and see whether people smoke, offer advice and so on. But the other professions should look too, for example, when cardiologists have a consultation, maybe they could say “open your mouth... you have a problem with your oral hygiene, maybe you should visit your dentist.” ...and the nurse as well.

It’s a two-way process. There is increasing evidence of the impact of oral health on general health. Not just for serious things like infection, but also messages on brushing your teeth... It’s very simple, but simple things can cause serious problems to the health.

Are there any encouraging signs?

I have discussed the NCD issue with other medical professions in Thailand and some of them are already looking in the mouth. Dental professional can help with people’s general health and it would very much like see other medical professions focus on good oral health as well.
Serving Guinea-Bissau and its population

Mundo a Sorrir has a decentralized approach working directly in the huts both in Bissau and in the countryside areas. Since its first intervention, the NGO has benefitted over 25,000 people (the majority children) in several cities namely: Bissau, Quinhamel, Gabu, Cumuru, among others.

Situation on the ground

Guinea Bissau is a country of 1.5 million inhabitants located in sub-Saharan African and one of the poorest countries in the world. After achieving independence in the 1970s, one of the main governmental priorities was to implement a national health service and to reduce reliance on traditional forms of medicine.

Today, after all the efforts undertaken, 90 % of the health sector still depends on external assistance and is far from reaching all the population. It is also possible to say that a significant part of the population, mainly in the interior of the country, does not have access to health services and still relies on the traditional forms of medicines (such as leaves) and ‘healers’ rather than doctors.

Oral health is a totally neglected area; there are only four qualified dentists working in the country and a basic tooth brush costs around 500 CFA (about one US dollar), which is unaffordable for the majority of the population.

As a consequence, miswako is often used as an alternative.

Missing teeth, no fillings

It is shocking to realize that life expectancy in Guinea-Bissau is 46 years and that, at 55 years of age, the majority of the population has several missing teeth and no fillings at all. A person goes to see a dentist when they have a toothache and the unique objective to visit these professionals is to eliminate the pain by extracting the teeth.

The oral rehabilitation undertaken in the country is nearly inexistent. Therefore, there is an extreme need to improve the oral health services and to increase the access to the general population of information.

Prevention can be the base of everything when carried out properly. Health professionals need to improve proper training and the general population needs to have access to basic oral health information.

Dental clinic

In 2008, Mundo a Sorrir led the creation of a dental clinic located in the Orphanage Casa Emanuel. Since then, several Portuguese, Spanish and Puerto Rican dentists have worked there as volunteers, allowing the population to receive treatment provided by properly trained dentists and to choose different types of treatment, from fillings to root canal fillings—having a tooth extracted is no longer the only treatment option).

In 2010, Mundo a Sorrir was the only Portuguese NGO awarded by the Starbucks foundation—and that was of great importance for the growth of the Guinea-Bissau project.

Furthermore, in late 2011 the NGO was able to send one volunteer for a period of nine months to work as a dentist.

Work in the field

The benefits of having a dentist in the field for so long are tremendous: we believe that by the time she returns, the amount of treatment provided and activities carried out will be substantial; and therefore, the benefits to the population will be enormous.

As a consequence of the excellent work provided over these seven years at an international level, several organizations have been in contact with Mundo a Sorrir in an attempt to establish local partnerships.

Moreover, in 2011, Mundo a Sorrir was invited to give a talk at the Annual meeting of the International College of Dentists and to work with an oral health consultant for a project undertaken by the International Youth Foundation in India.

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